

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Lawrence Coleman

Plaintiff,)

Vs.)

Dr. Partha Ghosh

Defendant,)

08CV3709

**JUDGE DER-YEGHIAYAN
MAGISTRATE JUDGE MASON**

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983

UNITED STATES CODE

I. JURISDICTION & VENUE

FILED

JUN 30 2008 TC
Jun 30 2008

**MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT**

1. This is a civil action authorized by 42 U.S.C. section 1983 to redress the deprivation, under color of state law, of rights secured by the Constitution of the United States. The court has jurisdiction under 28 U.S.C. section 1331 and 1343 (a)(3). Plaintiff seeks declaratory relief pursuant to 28 U.S.C. section 2201 and 2202. Other specific relief sought will be enumerated in a later section.

2. The Northern District of Illinois, Eastern Division is an appropriate venue under 28 U.S.C. section 1391 (b) (2) because it is where the events giving rise to this claim occurred.

II. PLAINTIFF

3. Plaintiff, Lawrence Coleman, is and was at all times mentioned herein a prisoner of the State of Illinois, in the custody of the Illinois Department of Corrections. He is currently confined at the Stateville Correctional Center in Joliet, Illinois.

III. DEFENDANT

4. Defendant, Dr. Partha Ghosh, is the on-site Medical Director for the Stateville Correctional Center. He is and was for all times pertinent to the immediate action under contract by Wexford Health Sources to provide the services of an on-site Medical Director to the inmates at Stateville Correctional Center.

5. The defendant is being sued individually and in his official capacity. At all times mentioned in this complaint the defendant acted under color of state law.

IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

6. There is a grievance procedure at the plaintiff's institution, of which the plaintiff submitted two (2) grievances on separate occasions.

7. The plaintiff expended all internal processes and received no better medical care. He then appealed to the office of the Administrative Review Board on April 1, 2006 & August 3, 2006 respectively. Plaintiff received a response from the Administrative Review Board on July 14, 2006. (see Ex. **AB**)

8. Plaintiff also wrote several letters to the defendant, Grievance Officer, Dr. Williams and the I.D.O.C. Medical Director, Dr. Elyea. All to no avail.

9. The Plaintiff's Mother contacted the Deputy Director of the I.D.O.C. , Mr. Guy Picree, twice by phone. After approximately two (2) months the Defendant finally saw the Plaintiff.

V. PREVIOUS LAWSUITS

10. The Plaintiff has not filed or been a party to any lawsuit in this or any other District before.

VI. COUNT 1

11. On May 6, 2002, Plaintiff was diagnosed with multiple cysts on his body after being seen in the Health Care Unit of Stateville Correctional Center for multiple painful bumps on his body. (see Ex. A)

12. Shortly thereafter, one of the cysts became infected and ruptured requiring immediate medical attention in the Health Care Unit's emergency room at Stateville. (see Ex B)

13. Over the next three (3) years there were no other eruptions. The remaining cysts became larger and more painful. They increasingly affected the Plaintiff's daily activities and made simple tasks such as shaving, sleeping and exercise in pain.

14. On September 7, 2005, Plaintiff complained of more painful bumps on his head and back just as he did three (3) years prior. Two days later on September 9, 2005, these "bumps" were also identified as cysts just as earlier. Dr. Andrew Tilden prescribed Erythromycin 500mg pills and nothing was given for pain. Medical Director, Dr. Ghosh, also signed and noted the prescription thus making him definitely aware of the Plaintiff's serious medical condition. (see Ex C)

15. On September 20, 2005, Plaintiff was experiencing nausea, vomiting, dizziness and cold sweats due to the Erythromycin pill. Plaintiff received Tylenol for these complications. (see Ex D)

16. The next three (3) months went by without any further care despite numerous notes being placed in the in-house sick call box. Again, Dr. Ghosh has been aware of the Plaintiff's serious medical condition for some time now.

17. On December 7, 2005, Plaintiff filed his first grievance asking for some medical care for these cysts. Plaintiff also asked for removal of them and to determine if they are possibly cancerous. (see Ex E)

18. On January 19, 2006, Dr. Ghosh responded to the grievance by issuing a memorandum to counselor Jill Hosselton stating that the Plaintiff had a chronic recurrent skin infection and that Dr. Ghosh would arrange for an appointment with the Plaintiff to prescribe alternate medication. (see Ex F)

19. These cysts were by now more pronounced and exponentially more painful, continuing to limit daily activities. The cyst on the Plaintiff's head is currently the size of a golf ball, painfully obvious to anyone who sees him.

20. Almost three (3) months later after even more notes in the cell house sick call box the Plaintiff wrote Dr. Ghosh on April 3, 2006 reminding him of what Dr. Ghosh told the grievance officer about setting up an appointment to check for an alternative treatment. The Plaintiff also stressed himself being continually in "severe pain" and not being able to sleep at night. (see Ex G)

21. On April 28, 2006, the Plaintiff once again wrote Dr. Ghosh about his severely painful cysts. For a second time the Plaintiff received no treatment, response or appointment. (see Ex H)

22. On May 2, 2006, the Plaintiff filed his second grievance reiterating his complete lack of medical care from Dr. Ghosh. Also, the Plaintiff has now begun to amass additional cysts on his forehead and underarm. Nothing has been done by Dr. Ghosh to counteract, cure or remove these cysts. (see Ex I)

23. When the discovery process begins in this case it will be proven that other inmates here at Stateville Correctional Center have had less extensive multiple cysts removal at the University of Illinois Medical Center which were arranged by Dr. Ghosh.

24. On June 13, 2006, The Defendant responded to the Plaintiff's second grievance with another memorandum stating that the Plaintiff was scheduled to see Dr. Ghosh on May 26, 2006 but he preferred to go to the yard. Dr. Ghosh went a step further stating that the Plaintiff is more interested in writing grievances than solving his medical issues. (see Ex J)

25. The Defendant's allegations are wholly fabricated. May 26, 2006 was a Friday. The Plaintiff's cell house yard days are on Monday and Wednesday. Even more convincing is the fact that the entire institution was on a level 1 lockdown on that day. No recreation was allowed at all. This will be proven through the discovery process.

26. Upon information and belief, all staff are apprised of lockdown status of the institution upon entering the facility. This fact alone tells the Plaintiff that the Defendant does not even keep simple daily records of hospital passes being cancelled due to lockdown. Dr. Ghosh' obvious attempt to pass the blame of missing an appointment is yet another example of his deliberate indifference to the Plaintiff's serious medical condition.

27. On June 28, 2006, the Plaintiff wrote a letter to the grievance officer, Renata Glenn, explaining the facts about Dr. Ghosh' last memorandum concerning the yard. The Plaintiff also informed her of the fact that the medical staff confirmed that they could not do any more for the Plaintiff except continue to put him in to see Dr. Ghosh. (see Ex. AA)

28. The Plaintiff further believes that it is out of retaliation and spite for the grievances filed that he has not received any medical care for his multiple, painful cysts.

29. The Plaintiff must rely on prison authorities to treat his medical needs; if those authorities fail to do so, as in this case, those needs will not be met and continual harm and infliction of unnecessary pain will ensue.

30. On August 24, 2006, the Plaintiff was scheduled for medical sick call per grievance. This scheduled appointment was rescheduled due to lockdown twice until September 11, 2006. (see Ex K)

31. On September 11, 2006 the Plaintiff was seen in the Health Care Unit by a Medical Technician who noted two (2) cysts on head and back for three (3) plus years. Plaintiff was scheduled for the emergency room for possible aspiration or I/D. (see Ex L)

32. On September 14, 2006, the Plaintiff was seen by Dr. Andrew Tilden in the emergency room and scheduled the Plaintiff for removal on September 22, 2006. (see Ex M)

33. The date for cyst removal came and went until October 27, 2006 when the Plaintiff was seen at Medical Sick Call, not by Dr. Ghosh. It was noted that the Plaintiff had bumps on head and back for three (3) plus years and a follow up appointment for observation was ordered for three (3) months. (see Ex N)

34. On January 26, 2007, the Plaintiff was seen again on Medical Sick Call for his three (3) month follow up appointment, again this was not by Dr. Ghosh. It was noted the Plaintiff had multiple lumps on head and back which were painful and interfered with daily activities. Plaintiff was once again referred to Dr. Ghosh for further treatment. (see Ex O)

35. On June 18, 2007, the Plaintiff was once again referred to the Medical Director. Dr. Ghosh, for further treatment of the Plaintiff's serious medical need. (see Ex P)

36. On July 20, 2007, the Plaintiff was given a routine physical, not performed by Dr. Ghosh, where the only pathology noted was cysts on his head and back. (see Ex Q)

37. On November 26, 2007, the Plaintiff wrote Dr. Ghosh a letter stating that the Plaintiff has written him numerous letters about the painful cysts that continue to plague the Plaintiff. Plaintiff asked for an appointment to solve his medical concerns. (see Ex R)

38. On November 26, 2007, the Plaintiff wrote an almost identical letter to Dr. Williams concerning the non-existent care being given by Dr. Ghosh and asked her to schedule an appointment with Dr. Ghosh. (see Ex S)

39. On December 26, 2007, the Plaintiff wrote a letter to the I.D.O.C. Medical Director, Dr. Elyea, concerning the deliberate indifferent actions on the part of Dr. Ghosh explaining the whole four (4) year ordeal that he has been forced to endure. To this date the Plaintiff has not heard from the I.D.O.C. Medical Director either. (see Ex T)

40. Finally on January 11, 2008, the Plaintiff was seen by Dr. Ghosh for about five (5) minutes where he told the Plaintiff he would be sending him out to the University of Illinois Medical Center. To date the Plaintiff still has had no medical treatment.

41. On March 17, 2008, the Plaintiff's mother, Teresa Coleman, gave a sworn affidavit stating that she contacted the Office of the Deputy Director for the I.D.O.C., Mr. Guy Pierce, approximately two (2) times over a two month period concerning the Plaintiff's medical concerns. Each time she spoke with a secretary, Mrs. Torres. To her knowledge the Plaintiff has not been treated yet. (see Ex U)

42. Because the Plaintiff is powerless and vulnerable to the exploitation and retaliation by Dr. Ghosh, this action has become a necessary one to correct an ongoing blatant deprivation of the Plaintiff's 8th Amendment rights.

43. The Plaintiff believes that he has shown a serious medical need, deliberate indifference on the part of Dr. Ghosh and the necessary causation resulting from that deliberate indifference.

VII. PENDANT JURISDICTION

44. The Plaintiff invokes the Pendant jurisdiction of this court. Even there is no diversity of citizenship, this court has the right to exercise jurisdiction over a state matter if it arises out of the same transaction as a matter already before the court.

45. Having already stated a Federal claim. The Plaintiff also asks this court to rule on his state claims.

VIII. ILLINOIS CONSTITUTIONAL VIOLATIONS

46. The Plaintiff asserts that his rights under the Illinois State Constitution were and are currently being violated, specifically Article 1, Section 12 which is the right to a certain remedy in the law for all injuries and wrongs he receives.

47. The Plaintiff asserts that his rights under the Illinois State Constitution were and are currently being violated, specifically Article 1, Section 2 which is the right to equal protection under the law.

48. The Plaintiff asserts that he has the right to be free from these negligent acts and to medical care.

NEGLIGENCE / DENIAL OF MEDICAL CARE

49. The Plaintiff re-alleges paragraphs 3-43 as if they were set forth here verbatim.

50. The Defendant, Dr. Ghosh, owes a special duty to the Plaintiff because he is a doctor contracted by The State of Illinois through Wexford Health Sources to provide health care services to the inmates of the Stateville Correctional Center. (see Ex's V&Z)

51. The Defendant's specific job description as outlined in his wexford contract states: Conducting inmate sick call on days and times determined by the center; Examining, diagnosing and treating inmates referred to the Medical Director; Review all reports whether they be lab, x-ray, ancillary, etc, and document them in the inmates chart; Formulating written individual treatment plans for inmates with medical problems. (see Ex's W & X)

52. Dr. Ghosh' main duty is to ensure that the services of the Health Care Unit are conducted in accords with standards of care delineated by state regulations and community practice guidelines. (see Ex Y)

53. The Defendant, Dr. Ghosh, did not live up to his duty to the Plaintiff to provide medical care to his ongoing medical problem, or formulate a written, or any other plan of treatment.

54. The fact that it took over four (4) years to actually see the Plaintiff despite his knowledge of the Plaintiff's medical problem is a negligent act all in itself.

55. When the Plaintiff receives the pertinent information through discovery, it will be seen that other inmates with the same ailments are treated completely different. It will become clear that the quality of care given here at Stateville, by Dr. Ghosh, is very unevenly administered.

56. The Plaintiff has went without treatment for over four (4) years now and counting for multiple cysts that are only getting progressively larger, more painful and possibly cancerous.

57. All of this has occurred despite four (4) or more referrals to the Defendant, Dr. Ghosh, by his own medical staff. All referrals were blatantly ignored despite multiple grievances filed. (see Ex's F. & I)

58. The injury suffered by the Plaintiff is multiple in the sense that he has endured continual pain and suffering along with painful limitations of basic daily activities for over four years now due to Dr. Ghosh' inactions.

59. But for Dr. Ghosh' actions or inactions the Plaintiff would not have been suffering daily pain and limited daily activities.

60. By removing these cysts at an earlier stage, as he has with other inmates, the Plaintiff could have been spared the larger scars, longer recovery times and more pain associated with later stage removal.

61. Any average doctor in a community setting would be able to foresee the consequences of continuing to wait to have cyst removal. The additional pain, suffering and scars are clearly foreseeable to an average doctor, especially a Medical Director such as Dr. Ghosh. The Plaintiff's injury has definitely worsened due to the undue delay in treatment.

IX. PRAYER FOR RELIEF

WHEREFORE, Plaintiff prays this Honorable Court enter a judgment granting the Plaintiff.

1. A declaration that the acts and omissions described herein violated the Plaintiff's rights under the Constitution and laws of the United States and the State of Illinois.
2. Compensatory and punitive damages in an amount to be determined at trial.
3. A jury trial on all issues triable by jury for Federal or State claims.
4. Any additional relief this court deems just, proper and equitable.

Respectfully Submitted,

Lawrence Coleman

Lawrence Coleman R-01069

Pro-se

Stateville Corr. Center

P.O. Box 112

Joliet, IL 60434-0112

Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the all the aforementioned information is true and correct.

Signed// *Lawrence Coleman*

Lawrence Coleman R-01069

EX.A

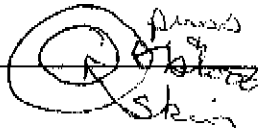
DATE/TIME	PROBLEM	S.O.A.	PLANS
5/6/02	ST		MD/SC
9/17	2. Multiple Cysts		= R. ED & -
	(1) On R. shoulder		Reassurance
	(2) On L/S - area		give her
	(3) (L) Side of trunk		* = Q - Hy signs
	Subsidiary		Tylenol x 2/12
0/15	Same as above		RN for him
Cyst	(1) On R. Axillary		
	clavicular area		R.T.N & R.N.
	Symptoms to be		
	ganglion cyst		
#	(2) On lower		
	back - at L/S area		
	Symptoms to be infectious		
	Cyst - soft and red		
	inflamed cyst		
A.	(1) ganglion cyst		
	(2) One - Infective		
	Cyst on L.B.		
			Gondalia ay

Resident's
Name

Coleman

Resident's
Number

RD1069

DATE/ TIME	PROB- LEM #	S.O.A.	PLANS
5/11/02		CMT Note	
7:30pm		5) "I was to go to X-ray this for the cyst on my back, but didn't get moved. Now the cyst popped - is bleeding abt."	1) D/Cd cleaned area and re-covered w/ bandages. 2) In ER book for immediate attn: by MD for Sunday 5/12/02 per RN Note.
		2) 27yo Blk male presents a large cyst on lower back bone area at waist band level. Blood and pus noted coming out of cyst around diameter of cyst - skin still in center	
			
		a) cyst on lower back	
5/13		- RN note 5) I need my bandage changed" 1) Disg changed mod amt of grey drainage noted A Cyst	W. Olsen Forensic P. Cate to J. Leatta RN

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Stateville Correctional Center

Offender Information:

Coleman
Last NameLawrence
First Name

MI

ID#: R01069

Date/Time	Subjective, Objective, Assessment	Plans
9-7-05 5:00am	I would like to have a physical and I have ear infection in both ear and I have a bump out on my head and back O.P.T. A + O.T. 3 No sign of infection A B/LBP No Ear Infection	P. refer to MDSC J. Thorne
9/9/05 9:50A	MDSC. 1. Pt - 3 m to 4 fingers on back 2 scalp bump for Pt also c/o pon. nap (Burr) O. / 20 x 3 NT Ptch - madet fume scalp bump and LB ENT ear = atum Burr - 1 chug e -	1. PTC - (C) ear injury in 2 wks. 2. Delus at Pt 4 y to BLD x 2 wks. 3. Erythema at 502 m to BMD at 10/10/05

EX.D

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

E112

STATEVILLE NRC

Center

Offender Information:

COLEMAN, LAWRENCE

R01069

Last Name

First Name

MI

ID#:

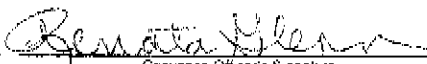

Date/Time	(M.T. Subjective, Objective, Assessment	P. Plans
9/24/05 9:55 AM	S: 90 not feeling good due to E-myom-500 taking P.O.L. Fe scalp delirious. C/O also no other symptoms A Subj 90: not feeling good	A: 40 Stop EMY If feel nause vomiting Jondalica
9/23/05 9:50 AM	PMSC S. Pt. 90 cold & fever I chills D. 20 x 23 131. 116 x 72. ENT - pharynx - mild erythema. nose - edema pale of fundus chest / Cor norm A. Reticular.	P. 1. CTM 414 100 x 100 x 120. 2. Tylenol 325 711 x 100 x 120. 3. PTC - PPM t noted D. J. Regal and

Date: 12/7/05	Committed Person (Please Print): Lawrence Coleman	ID#: R-01069
Present Facility: Stateville, Corr, Ctr.	Facility where grievance issue occurred: Stateville, Corr, Ctr.	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	
<input type="checkbox"/> Disciplinary Report	Date of Report: _____	Facility where issued: _____
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification		
<p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:</p> <p>Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board</p> <p>Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor</p> <p>Chief Administrative Officer, only if EMERGENCY grievance.</p> <p>Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Brief Summary of Grievance: <u>Inmate has requested Medical attention twice for two</u></p> <p><u>large abscess on the inmates upper forehead and back. At both appointm-</u></p> <p><u>ents with the Doctors the inmate was prescribed Medication/Antibiotic</u></p> <p><u>that did not counteract/cure the abscess, rather the inmate suffered</u></p> <p><u>side effects from the Medication/Antibiotic. The inmate suffered from</u></p> <p><u>dizziness, awakening in sleep in coldsweats, and throat soariness. After</u></p> <p><u>inmate last appointment with Doctors, The inmate complained to Doctors,</u></p> <p><u>upon another request, about the side effects he was suffering before</u></p> <p><u>finishing the prescribed Medication the insisted the Doctors the inmate</u></p> <p><u>finish the Medication prescribed by him and to be sure I took the- Over</u></p> <p><u>Relief Requested: Inmate request that he receives Medical attention to check and</u></p> <p><u>see are these abscess cancerous and could be possibly removed by Doctors</u></p> <p><u>here or someone who can give the inmate the proper Medical attention he</u></p> <p><u>seeks</u></p> <p>Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>		
<u>Lawrence Coleman</u> Committed Person's Signature		<u>R-01069</u> ID# <u>12.7.05</u> Date
(Continue on reverse side if necessary)		

Counselor's Response (if applicable)		
Date Received: <u>12.7.05</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
<p>Response: <u>Can not be resolved at this level, forwarded</u></p> <p><u>to the HCO. See HCO response attached 1/30/06</u></p>		
<u>J. H. H. H.</u> Print Counselor's Name		<u>J. H. H. H.</u> Counselor's Signature
		<u>12.20.05</u> Date of Response

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature?
	<input checked="" type="checkbox"/> Yes; expedite emergency grievance
	<input type="checkbox"/> No; an emergency is not substantiated.
	Committed person should submit this grievance in the normal manner.
<u>_____</u> Chief Administrative Officer's Signature	
<u>_____</u> Date	

RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report		
Date Received: 2/11/06	Date of Review: 3/24/06	Grievance # (optional): 0288
Committed Person: Lawrence Coleman		ID#: R01069
Nature of Grievance: Medical - Treatment		
<p>Facts Reviewed: The grievant is requesting medical attention to address his medical condition in which the medication antibiotic given to him has caused him problems. Grievant request to be seen immediately.</p> <p>Per Dr. Gosh grievant was evaluated and prescribed an antibiotic for his condition. A follow-up appointment will be arranged to prescribe an alternative medication for the offender.</p> <p>This Grievance Officer has no medical expertise or authority to contradict the doctor's recommendation/diagnosis.</p>		
<p>Recommendation: No further action required, as it appears that the grievant's medical concerns are being addressed at this time.</p>		
Roxana Glenn <small>Print Grievance Officer's Name</small>		 <small>Grievance Officer's Signature</small>
<small>(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)</small>		
Chief Administrative Officer's Response		
Date Received: 3/31/06	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand	
Comments:		
 <small>Chief Administrative Officer's Signature</small>		3/31/06 <small>Date</small>
Committed Person's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)</p>		
Committed Person's Signature	ID#	Date

EX.F



Rod R. Blagojevich
Governor

Roger E. Walker Jr.
Director

Stateville Correctional Center / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607
TDD: (800) 526-0844

MEMORANDUM

Date: January 19, 2006

To: Jill Hosselton,
Counselor

From: Partha Ghosh, MD
Medical Director

Subject: Grievance Response for Coleman, Lawrence R01069, E112

Handwritten: 7664

I reviewed offender's medical records. He was prescribed antibiotic for chronic recurrent skin infection. The writer will arrange for an appointment with this inmate to prescribed alternative medications.

PG:jrw

Cc: Assistant Warden Programs
Grievance Office
Medical Records
File

Dear Dr. Ghosh

4/3/06

My name is Lawrence Coleman, and I'm writing to you to remind you, that on January 19, 2006, you told the grievance officer, that you would set up an follow up appointment to see me about the two large abscess on my upper forehead and back, and about the antibiotic that has cause me many problems. I would really appreciate, if you would set up an appointment, because I'm in severe pain and I can't sleep at night.

Thank you for your time

Lawrence Coleman⁺
Reg no. R-01069
E-112

EX. A

Dear Dr. Ghosh

4/28/06

My name is Lawrence Coleman, and I'm writing to you for the second time, could you please set up an appointment, as you told my counselor and the grievance officer. I'm in some serious pain, and I can't sleep at night. **PLEASE SET UP THE APPOINTMENT.**

THANK YOU FOR YOUR TIME

Lawrence Coleman
Reg no. R-01069
E-112

EX-1

Sent to Chief Administrative Officer
Date: 5/4/06ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 5/2/06	Offender: (Please Print) Lawrence Coleman	ID#: R-01069
Present Facility: Stateville, Correctional Ctr.	Facility where grievance issue occurred: Stateville, Correctional Ctr.	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> Disability <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Disciplinary Report: _____ <div style="display: flex; justify-content: space-between;"> Date of Report Facility where issued </div>		
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Brief Summary of Grievance: <u>Offender is responding to his previous grievance following</u> <u>the grievance process the offender first sent his previous grievance</u> <u>to counselor Jill Hosselton. In turn, Ms. Hosselton, sent offender</u> <u>previous grievance to the medical director, Dr. Partha Ghosh. Whereas,</u> <u>the medical director submitted a response to the offender's previous</u> <u>grievance on January 19th 2006, stating:</u> <u>That he (Dr. Ghosh) reviewed offender's medical records</u> <u>and he will personally arrange an appointment with the</u> <u>offender, to prescribe alternative medication. See Ex.1.</u> <u>The Medical Director Dr. Ghosh, has not complied with his memoran-</u> <u>dum, and it's been four months. The offender has took it a step further</u> <u>Relief Requested: The offender is still seeking the proper medical attention he need, and to</u> <u>check and see are these abscesses cancerous and could be possibly removed by doctor's</u> <u>here, if not an outside Hospital, where offender will get proper medical attention.</u> <input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>		
<u>Lawrence Coleman</u> Offender's Signature	<u>R-01069</u> ID#	<u>5.3.06</u> Date
(Continue on reverse side if necessary)		

Counselor's Response (if applicable)		
Date Received: 5.11.06	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277
Response: <u>Can not be resolved at this time forwarded to the HCU for review. See HCU response attached.</u>		
<u>J. Hosselton</u> Print Counselor's Name	<u>[Signature]</u> Counselor's Signature	<u>6/21/06</u> Date of Response

EMERGENCY REVIEW		
Date Received: 7.26.06	Is this determined to be of an emergency nature?	<input checked="" type="checkbox"/> Yes; expedite emergency grievance
		<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>[Signature]</u> Chief Administrative Officer's Signature		<u>7.26.06</u> Date

he wrote the Medical Director Dr. Ghosh, and stated:



I'm writing to you to remind you that on January 19, 2006, you told the grievance officer, that you would set up an follow up appointment to see me about the two large abscess on my upper forehead and back, and about the antibiotic that has cause me many problems. I would really appreciate, if you would set up an appointment, because I'm in severe pain and I can't sleep at night. See Ex.2.

Then on April 28, 2006, the offender wrote the Medical Director again and stated:

Please set up an appointment as you told the grievance officer. I'm in some serious pain, and I can't sleep at night. Please set up the appointment. See Ex.3.

Whereeto, the grievance officer Renata Glenn, was unaware that the Medical Director, Dr. Ghosh, did not comply with his memorandum at the time she reviewed offender's previous grievance See Ex.4. The offender still suffers with two large abscess on offender's upper forehead and back, and now other abscess are accumulating on the forehead and under-arm of the offender. The previous medication/antibiotic did not counter-act or cure the abscess, rather the offender suffered from the side effecta, as previously explained in offender's previous grievance, from the previous prescribe medication/antibiotic. See Ex.5.

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report		
Date Received: February 27, 2006	Date of Review: July 28, 2006	Grievance # (optional): 0288
Committed Person: Lawrence Coleman	ID#: R01069	
Nature of Grievance: Medical Tx.		
Facts Reviewed: Grievant alleges he was unable to see Dr. at HCU		
This is a duplicate response:		
A medical response has already been given to this grievant. A counselor response has been given.		
Grievant was given meds per medical file on 6-16-06.		
An appeal if desired should follow the appeal process and not result in duplicate grievances.		
Recommendation: Grievance denied.		
Thomas Garcia		
Print Grievance Officer's Name		
Grievance Officer's Signature		
(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)		
Chief Administrative Officer's Response		
Date Received: 8-2-06	<input checked="" type="checkbox"/> I concur	<input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
Comments:		
		8-2-06
Chief Administrative Officer's Signature		Date
Committed Person's Appeal To The Director		
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P. O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)		
Committed Person's Signature		ID#
		Date

Ex. J



Illinois
Department of
Corrections

Rod R. Blagojevich
Governor

Roger E. Walker Jr.
Director

Stateville Correctional Center / P.O. Box 112 / Joliet, IL 60434 / Telephone: (815) 727-3607
TDD: (800) 526-0844

MEMORANDUM

Date: June 13, 2006

To: Jill Hosselton,
Counselor

From: Partha Ghosh, MD *PGH*
Medical Director

Subject: Grievance Response for Coleman, Lawrence R01069, E112

Offender Coleman was scheduled to see the writer on 5/26/06 but he preferred to go to the yard. MD sick call has been scheduled to evaluate him. If he fails to show up it may be assumed the offender is more interested in writing grievance then solve his medical issues.

PG:jrw

Cc: Assistant Warden Programs
Grievance Office
Medical Records
File

EX. R

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Stateville Correctional Center

Offender Information:

Colner

Last Name

Lawrence

First Name

ID#: R01069

MI

Date/Time	Subjective, Objective, Assessment	Plans
8-24-06 8:25 AM	S per grievance pt is request to be seen O. O.	P Refer to MD SC
	A 90A head on head	S. Thompson
8-28-06	SWT Note	
11:00 AM	MDSC Rescheduled due to lock down	
9-4-06	MDSC notes	P10 Rescheduled
9:40 AM	Cancelled due to lock down & holiday schedule	For 9-11-06
9-8-06 8:30 PM	MDSC a note for winding for MDSC - PA is already receiving	
	per note on 9-11-06	Ch. 101 PM-01

EX. L

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Stateville Correctional Center

Offender Information:

Coleman

Last Name

Lawrence

First Name

ID#: B01069

MI

Date/Time	Subjective, Objective, Assessment	Plans
9-11-06	PASC Notes	1 st Schedule OK
11:25 A	37 y/o AAm Cl. 2 cpts, one on head and one on post chest x 3 yrs or more. One on back has begun to be painful. Has occasional discomfort in @ ear, off and on over past few weeks.	visit for positive adjustment in I/O's
	6 th grade education, read	2 nd - pre-education /
	11 th grade, @ large circle	depression
	ext ⁿ post chest x visible, non-tender, soft mass - 3cm x 3cm.	anxiety, panic
	scalp = noted mass, non-tender, mobile 3.5cm x 3.5cm.	staphylococcus aureus
	1 st cpt scalp & post chest	

E 112.

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Stateville Correctional Center

Offender Information:

COLEMAN

Last Name

LAWRENCE

First Name

ID#: 1201064

MI

Date/Time	Subjective, Objective, Assessment	Plans
	MP 100	
10-27-06	S Bump on top of his	7 OBSERVE
11 30A	Head & ^{UPPER} BACK FOR	
	3 YEARS	7 F/U AFTER
		3 MONTH
	U ACUTE	
	Heard (Abuse) for	
	Area - Ours in sharp	1 copy D
	Area 2-25cm dia - for	
	torso & disfigure (FLUCTUATING)	
	UPPER BACK - Ours in	
	SHARP FLUCTUATING - ABUSE	
	2-2.5cm in DIA - for	
	torso along the vertebral	
	COLUMBA	
	TOP	
	R Cystic BACK AREA	
	Back & UPPER BACK	

Offender Outpatient Progress Notes

Stateville Correctional Center

Offender Information:

COLEMAN

Last Name

LAURENCE

First Name

MI

ID#: 1201069

Date/Time	Subjective, Objective, Assessment	Plans
	MD NOTE	
1-26-07	S F/U lump top HORN	7 SKULL
1009	" BACK (THORACIC) AREA	42RS AT
	CLINIC IT HURTS SOMETHING	NRC
	WING HC SPREAD	
		7 F/U 4
	O ASSET	MEDICAL
	TOP HORN - BASS SOFT	DIRECTOR
	FLUCTUATING ABOUT	FR FORTHEM
	140 SIVU ENCH. LENGTH	TREATMENT
	1 STA - NON TEND	
	BACK (THORACIC AREA)	
	Lump HORN - SOFT	
	FLUCTUATING BLOW -	
	FOURTH JAW 220-5 CM	
	NO CYSTS - HORN	
	6 BACK	

Offender Outpatient Progress Notes

Center

Offender Information:

Covino

Last Name

Lawrence

First Name

ID#:

MI

Date/Time	Subjective, Objective, Assessment	Plans
	MA note	
6-14-07	PHO X-THS (SPINAL) - MAG.	
9 ⁴⁵	LOW CEN HEN HENSI	1) WISE REFER
	PARCETAMOL (MAG)	TO MEDICAL
	BUPP- BACK (KIDNEY AREA)	DIRECTOR FOR
	O ALICE FOR DISTIN	FURTHER TREATMENT
	BACK (TUMOR) -	
	HOMO. PARCETAMOL AREA	with
	SOFT MASS 2 to	
	TEMP. AREA ABOVE	
	2-25 CA LONGER DIA	
	NEUM- W.4	
	A CYSTIC HOMO & BACK	

Offender Physical Examination
STATEVILLE CORRECTIONAL CENTER

Date: 7/20/07

Time: 12:50 ☐ a.m. ☒ p.m.

Offender Information:

Coleman Laurence
Last Name First Name MI

ID#: LE1069

Race: ☐ White ☒ African American ☐ Asian American ☐ Hispanic ☐ Native American ☐ Other _____

Gender: ☒ Male ☐ Female

Date of Birth: _____

	Yes	No	Explanation:
Hx reviewed			
Lab reviewed			

Subjective: Condition	Yes	No	Explanation:
Allergy		<input checked="" type="checkbox"/>	
Substance Abuse		<input checked="" type="checkbox"/>	
a. Alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. IV Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Other Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Hx, drug/alcohol withdrawal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Shared Needles		<input checked="" type="checkbox"/>	
Sexual Contact with:		<input checked="" type="checkbox"/>	
a. IV drug user	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Prostitute(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Multiple Partners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Homosexual Activity		<input checked="" type="checkbox"/>	
STD		<input checked="" type="checkbox"/>	
HIV+/AIDS		<input checked="" type="checkbox"/>	
Blood Transfusions		<input checked="" type="checkbox"/>	
Three or more months of:		<input checked="" type="checkbox"/>	
a. Fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Diarrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Night Sweats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Persistent URI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Weight Loss (>15 Lbs)		<input checked="" type="checkbox"/>	
Lymphadenopathy		<input checked="" type="checkbox"/>	
Fatigue		<input checked="" type="checkbox"/>	
Other (Female)		<input type="checkbox"/>	G _____ P _____ AB _____ LNMP _____
a. Mammography	<input type="checkbox"/>	<input type="checkbox"/>	Date/Results: _____
b. Family Hx Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>	If yes, family member: _____
c. PAP Smear	<input type="checkbox"/>	<input type="checkbox"/>	Date/Results: _____

Past Hospitalizations:

Diagnosis: _____ Diagnosis: _____

Date(s): _____ Date(s): _____

Hospital: _____ Hospital: _____

Location: _____ Location: _____

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Medical History

Stateville Correctional Center

☐ Reception History☐ Periodic HistoryDate: 7/20/07Time: 1:15 ☐ a.m. ☒ p.m.

Offender Information:

Offender: Coleman Lawrence ID#: LE1069

Last Name First Name MI

Race: ☐ White ☒ African American ☐ Asian American ☐ Hispanic ☐ Native American ☐ Other

Gender: ☒ Male ☐ Female Age: 33 Date of Birth: 5/13/73

Subjective:	Past Medical History / History of Present Illness / Family History		
Condition	Yes	No	Family History / Explanation
Allergies		<input checked="" type="checkbox"/>	
Smoking		<input checked="" type="checkbox"/>	
Pediculosis		<input checked="" type="checkbox"/>	
Seizures		<input checked="" type="checkbox"/>	
Asthma		<input checked="" type="checkbox"/>	
Cardiac/HTN		<input checked="" type="checkbox"/>	
Diabetic		<input checked="" type="checkbox"/>	
Communicable Disease			
a. Hepatitis/Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	
b. Hx + PPD/Active TB	<input type="checkbox"/>	<input type="checkbox"/>	
c. STD	<input type="checkbox"/>	<input type="checkbox"/>	
d. HIV +/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	
Surgeries	<input type="checkbox"/>	<input type="checkbox"/>	
Hx of Psych Tx			
a. Past Suicide Attempt	<input type="checkbox"/>	<input type="checkbox"/>	
b. Current Suicidal Ideation	<input type="checkbox"/>	<input type="checkbox"/>	
Recent Drug/ETOH use	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility Problems			
a. Assistive Devices	<input type="checkbox"/>	<input type="checkbox"/>	
b. Prosthetics	<input type="checkbox"/>	<input type="checkbox"/>	
c. Specialized Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Other Medications			
History of Sexual Abuse or Predator			
Oriented x3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other:		<input checked="" type="checkbox"/>	

SPR AX Comp '05 (Stateville)

Objective: HTL P: 87 ☐ regular ☐ irregular R: HTL 46 ☐ regular ☐ irregular B/P: 131/69

Height: 5'11" Weight: 202 Vision: RT 20/ 20 LT 20/ 20 Corrected: RT 20/ 20 LT 20/ 20

Behavioral appearance and mental status, Evidence of deformity, trauma, and skin conditions.

Assessment: SPR

SPR

Plan: (Check and complete as appropriate)

- Physical Examination: ☐ Urgent ☒ Routine
- Mental Health Referral: ☐ Urgent ☒ Routine
- Health Information Given: ☒ Yes ☐ Refused
- PPD Results: ☐ Positive ☒ Negative
- Chest X-ray performed: ☐ N/A ☐ Yes ☐ No
- Other:

Date PPD Administered: SPR Date PPD Read: 1/1

Reading: mm By: mm

Lawrence

Print Name of Interviewer Signature

R & C Use Only

LAB: mm Sickie Cell: ☐ Yes ☐ No Dental: mm Panorax: mm

EKG: mm CXR: mm Female Only: mm PAP: mm Memo: mm

Offender Information:

Coleman *Lawrence* ID#: *201069*
 Last Name First Name MI
 Race: ☐ White ☐ African American ☐ Asian American ☐ Hispanic ☐ Native American ☐ Other _____
 Gender: ☐ Male ☐ Female Date of Birth: _____ / _____ / _____

Date: _____ / _____ /20

Time: _____ a.m.
_____ p.m.

Objective: System	Normal	ABN	Explanation:
Head, Neck, Face & Scalp	/		Temp - <i>PARITEL</i> <i>APQ</i> <i>C SFT</i> , <i>FLAT</i>
Nose and Sinuses	/		<i>FLAT</i> <i>1 X 1</i> <i>FLAT</i>
Mouth and Throat	/		Oral Condition: <i>Good</i>
Ears	/		Drums
Eyes	/		Pupils: <i>MD</i> Fundoscopic: <i>6</i>
Lungs and Chest including Breast	/		Auscultation:
Heart	/		Rate: <i>160</i> Size: <i>16</i> Rhythm: <i>160</i> Murmurs: <i>16</i>
Vascular	/		Consistency: <i>MD</i> Tenderness: <i>6</i>
Abdomen	/		Masses: <i>MD</i> Scars: <i>6</i>
Anus, Rectum (Prostate - 40+ Male Only)	/		Visual: <i>MD</i> Gualac +/- / R:
Genito-Urinary System	/		
Upper Extremities	/		Strength: <i>5/5</i> ROM: <i>Full</i>
Lower Extremities	/		Strength: <i>5/5</i> ROM: <i>Full</i>
Spine and Musculo-Skeletal	/		
Skin and Lymphatics	/		
Neurologic DTR's	/		Romberg: <i>6</i> Biceps: <i>2/5</i> Patella:
Mental Status	/		<i>Alert</i> <i>20x3</i>
Pelvis (Female Only)			Cervix: Vaginal Canal: Fundus: PAP: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> R

Assessment: Problem # _____

Plan: (Check box as appropriate and complete plan)

Placement Consideration: ☐ Yes ☒ NoHR: ☐ Yes ☒ NoFood Handler Status: *Yes*

Examiners Signature:

Dr. Aguilar *MD* *7/2/2009*
 Print Name Signature Date

Ex. R

DEAR Med. Dir. DR. GHOSH,

11-26-07

THIS IS L. COLEMAN #R-01069, AND I HAVE WRITTEN YOU ON NUMEROUS OCCASSIONS REQUESTING TO BE SEEN REGARDING ABCESSSES ON MY UPPER FOREHEAD AND BACK. YOU SCHEDULE ME ONCE IN 2006, BUT WE WERE ON LOCK DOWN 5/26/06.

IT HAS NOW BEEN WELL OVER 4 YEARS NOW AND THE ABCESS IS WORSENING AND CAUSING ME HEADACHES, AND IT STILL GIVES ME PAIN WHEN I SHAVE.

COULD YOU PLEASE SCHEDULE ME FOR AN APPOINTMENT SO ~~WE~~ I CAN RESOLVE MY MEDICAL CONCERNS THIS IS URGENT.

L. Coleman R-01069
E. 124

Ex. S

DEAR DR. WILLIAMS,

11-26-07

THIS IS L. COLEMAN #R-01069, AND APPROXIMATELY ALMOST YEAR AGO YOU SEEN ME ABOUT A LARGE ABCESS ON MY UPPER FOREHEAD. YOUR OPINION WAS THAT I NEEDED TO SEE AN OUTSIDE DOCTOR, BUT YOU HAD TO SCHEDULE ME TO SEE THE MEDICAL DIRECTOR DR. GHOSH. I WANT TO ADVISE YOU THAT DR. GHOSH HAS NOT SEEN ME AT ALL.

NOW, THE ABCESS OR TUMOR IS CAUSING ME HEADACHES, AND IT STILL GIVES ME PAIN WHEN I SHAVE. THE HEADACHES ARE SO EXTREME THAT I GET DIZZY AND FATIGUED.

COULD YOU PLEASE SCHEDULE ME FOR ANOTHER EXAMINATION OR GET ME IN TO BE SEEN BY DR. GHOSH.

L. Coleman R-01069

E 124

DEAR DR. ELYEA, (AGENCY MEDICAL DIRECTOR)

This is inmate L.Coleman I.D. NO.R-01069, and I am contacting you regarding medical treatment here at Stateville Correctional Center.

I have been seeing Doctors for over a period of four years now, regarding two large Abcesses on my upper fore-head and back, which both have been giving me pain, head-aches, and causing me uncomfort when I sleep.

Doctor's here at the facility have tried treatments that did not cure my problem. Being that Doctor's here at the facility have taken every possible measure to treat my problem they had no other alternative but to schedule me for an appointment to see the medical director at the facility for further treatment.

My last appointment concerning this matter was December 17th, 2007, in which the doctor again scheduled me for an appointment to see the medical director at the facility.

Here is where my issue lies, I have been scheduled to see the medical director on numerous occassions regarding this same medical issue over last four plus years, but the medical director has not followed through on none of my scheduled appointments or even seen me, regarding my medical concerns. I have written to the medical director on numerous occassions, but I have yet to receive any response to any of my letters.

Now I come to you DR. ELYEA, to ask for your help to intervene in this problem. I am still in pain and discomfort but the medical director here at the facility has not shown any con cern or consideration to my agony. Will you DR. ELYEA please be of my assistance in getting me the medical attention I need. I sincerely THANK YOU IN ADVANCE.

/s/ *Lawrence Coleman*
LAWRENCE COLEMAN R-01069
STATEVILLE CORRECTIONAL CENTER
P.O. BOX 112
JOLIET, ILLINOIS 60434-0112

County of Cook}
State of Illinois}

Affidavit

I, Teresa Coleman do solemnly swear that the following statement is true, correct, and given of my own free will.

I, Teresa Coleman contacted the office of the Deputy Director for the Illinois Department of Corrections, Mr. Guy Pierce approximately two times by phone over a two month period in 2007. During these calls I spoke with Ms. Torres, whom I believed to be his secretary. Each time I spoke with Ms. Torres I asked about securing some form of medical treatment for Lawrence Coleman regarding the multiple cysts on his head and back, which has been a problem for him for quite some time. I have personally been aware of Mr. Coleman's health problems and his multiple attempts to secure treatment at Stateville Correctional Center. My first initial contact with Ms. Torres stated that she would be in touch with me after she checked into Lawrence Coleman's medical concerns in which she never did contact me. After I visited Lawrence Coleman, nothing ever became of my conversation with Ms. Torres.

I contacted Ms. Torres a second time, approximately a month after our first contact. It was then that Lawrence Coleman said he was seen by the Medical Director. At this point to my knowledge Lawrence Coleman's medical concerns still have not been addressed even after he saw the Medical Director.

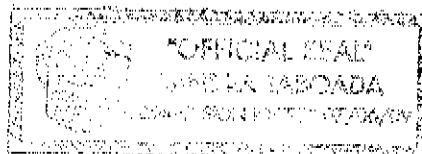
Teresa Coleman

Affiant

TERESA COLEMAN

Subscribed and sworn to before A Notary of State IL.
me this day 17, of March 2008

Sandra J. Jaramila
Notary Public



Contract for Services
2006-05-001
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- 2.1.15 IDOC: the Illinois Department of Corrections and any successor agency.
- 2.1.16 IDOC Medical Director: the individual, or his or her designee, who oversees this Contract for the IDOC and provides direction to healthcare vendors and IDOC healthcare staff.
- 2.1.17 ILCS: Illinois Compiled Statutes. An unofficial version of the ILCS can be viewed at <http://www.legis.state.il.us/legislation/ilcs/ilcs.asp>.
- 2.1.18 On-site Medical Director: the Vendor employee at each Center who provides services as a lead worker for staff in the Center health care unit.
- 2.1.19 Parties: the State of Illinois and Vendor.
- 2.1.20 State: the State of Illinois, as represented through any agency, department, board, or commission, including HFS and IDOC.
- 2.1.21 Transfer Coordinator: the IDOC employee who coordinates inmate transfers from one Center to another Center.
- 2.1.22 Vendor: Wexford Health Sources, Inc., the company providing health care services to IDOC inmates under this Contract.

2.2 TERM OF CONTRACT AND GENERAL SPECIFICATIONS:

- 2.2.1 The term of the contract shall be for two years, beginning on December 15, 2005 or upon execution by HFS whichever is later. The State reserves the right to renew the contract on the same terms and conditions for three additional one-year terms, or for terms of a length lesser than the initial term.
- 2.2.2 This contract is between the Illinois Department of Healthcare and Family Services, Illinois Department of Corrections, and Vendor to provide health and mental health services to IDOC inmates in order to maintain the health status of inmates, establish innovative and cost effective medical and administrative programs, improve the quality of care, provide acceptable, cost effective levels of staffing, positively impact the purchasing of pharmaceutical or medical supplies and improve the overall contract performance.
- 2.2.3 Vendor shall arrange for the provision of the identified health care services to inmates assigned to Stateville Correctional Center, Stateville R & C, Sheridan Correctional Center, Dixon Correctional Center, East Moline Correctional Center, IYC Kewanee, Hill Correctional Center, Dwight Correctional Center, Pontiac Correctional Center, Illinois River Correctional Center, Western Correctional Center, Lincoln Correctional Center, Logan Correctional Center, Decatur Correctional Center, Danville Correctional Center, Jacksonville Correctional Center, Graham Correctional Center, Robinson Correctional Center, Lawrence Correctional Center, Menard Correctional Center, Pinckneyville Correctional Center, Big Muddy Correctional Center, IYC Harrisburg, Vienna Correctional Center, Shawnee Correctional Center, Jammis Correctional Center & MSU. Should additional IDOC Center(s) be opened in the vicinity of these facilities during the term of the contract, Vendor agrees to provide the identified health care services to the additional IDOC Center(s) at the rates in accordance with the contract and any amendment(s) thereto in effect at the time health care services are needed. This provision of additional services is subject to the review and approval of HFS and IDOC.
- 2.2.4 Performance Guarantee. In accordance with 730 ILCS 5/3-2-2(3), Vendor shall provide documentation of an established line of credit that meets the approval of HFS and IDOC. This performance guarantee shall be submitted to the State on or before the effective date of the Contract. This performance guarantee shall be forfeit in the event Vendor fails to perform under this Contract and such failure results in termination of this Contract by the State, under Section 4.8.1 or 4.8.2.

Contract for Services
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c. STAFF RECRUITMENT AND EVALUATION

- i. Medical Director shall conduct recruitment of health care staff, as requested by the Chief Administrative Officer or his designee.
- ii. Medical Director shall supervise and direct the clinical activities of all health care staff, including:
 1. Supervising infirmary rounds made on patients by other physicians.
 2. Reviewing and approving all referrals to outside hospitals or specialists.
 3. Evaluating services and treatment provided by other staff physicians, physicians' assistants, and other health care staff.
 4. Properly completing employee evaluations for those employees under Medical Director's direct supervisor, in accordance with applicable state rules.
 5. Participating in disciplinary hearings of other employees as requested by the Chief Administrative Officer or his designee.
 6. Assisting in planning schedules of health care staff to provide optimal coverage.

d. QUALITY ASSURANCE

Medical Director shall develop and implement a quality assurance program that may include, but is not limited to, audit and medical chart review procedures

e. CLINICAL DUTIES

Medical Director shall be responsible for:

- i. Conducting inmate sick call on days and at times determined by the Center.
- ii. Examining, diagnosing and treating inmates referred to Medical Director
- iii. Reviewing and/or monitoring the staff physician review of all laboratory and X-ray and ancillary reports, and ensuring that the review is documented in the inmate's chart.
- iv. Examining and rendering initial emergency medical treatment to all persons who are injured or who become ill while on the premises. These persons shall be referred to their physician for any necessary follow-up care.
- v. Providing 24-hour on call emergency care to the Center when requested by the Chief Administrative Officer or his designee.
- vi. Performing employment, Workers Compensation or other physician examinations for the Center.
- vii. Examining employees to assess fitness to perform duties as required by the Chief Administrative Officer or designee.
- viii. Periodically evaluating dietary personnel to ensure that they satisfy all health requirements applicable to dietary workers.
- ix. Providing minor surgical treatment at the Centers as deemed medically appropriate to include suturing for minor lacerations.

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- x. Formulating written individual treatment plans for inmates with medical problems which include directions to Health Care and other personnel regarding their roles in the care and supervision of these parties.
- xi. Conducting infirmary rounds, or in his absence, ensuring that rounds are conducted by another physician.
- xii. Conducting intake and annual physical examinations on inmates as provided for by Department of Corrections procedures or as dictated by good medical practice.
- xiii. Evaluating food handler candidates prior to assignment and periodically thereafter to ensure compliance with all health regulations.

f. REFERRALS TO OUTSIDE HOSPITALS OR SPECIALISTS

- i. Medical Director shall provide verification to the Agency Medical Director of at least limited admitting privileges at the hospital.
- ii. Medical Director shall make referrals and arrangements with medical specialists under contract as needed for treatment of those inmates with health care problems that may extend beyond the scope of services provided by the contract, subject to the approval of the facility's Chief Administrative Officer or his designee.
- iii. Medical Director shall review the health care status of inmates admitted to outside hospitals to ensure that the duration of the hospitalization is no longer than medically indicated.
- iv. Medical Director shall ensure that discharge summaries are furnished to the Center by the hospital in a timely fashion.

DIRECTOR OF NURSING

Coordinates and supervises all nursing functions within the facility.

The Director of Nursing shall:

- a. Manage all inpatient and outpatient nursing functions.
- b. Schedule nursing coverage for all shifts.
- c. Where applicable, be responsible for coordinating all in-services training programs.
- d. Supervise all assigned staff nurses and paraprofessional nursing personnel.
- e. Where applicable, be responsible for orientation of nursing personnel.
- f. Where applicable, assist Health Care Unit Administrator in ensuring that the contract terms of nursing coverage are met.
- g. Prepare monthly statistical reports concerning nursing services.
- h. Assist administrative staff in personnel functions relating to nursing staff, e.g., hiring, evaluations, etc.
- i. Coordinate special projects as requested by the Health Care Unit Administrator; e.g., nurse audit, development of nursing policies and procedures, etc.
- j. Where applicable, attend Quality Assurance and Medical Audit Committee meetings, as requested.

PATIENT SERVICES DIRECTOR (RN):

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JOB DESCRIPTIONS

● ON-SITE MEDICAL DIRECTOR

The Medical Director shall provide the overall supervision for clinical services at the contract facility; shall attend patients, provide medical consultation for the staff and correctional executives, and conduct the liaison function for clinical matters with medical providers outside the Center.

The Medical Director shall secure and maintain, throughout the term of this Agreement, limited admitting privileges at the hospital(s) to be designated by the using facility.

The Medical Director shall be responsible for ensuring that services of the Center's Health Care Unit are conducted in accord with standards of medical care delineated by State regulations and community practice guidelines.

a. ADMINISTRATIVE

- i. Medical Director shall evaluate all existing medical programs and assess the health care needs of the inmate population, making recommendations regarding medical programs or services as appropriate.
- ii. Medical Director shall assist in designing and implementing policies, procedures and protocols for Health Care Unit and Medical staff.
- iii. Medical Director shall be responsible for reporting any problems and/or unusual incidents to the Chief Administrative Officer or his designee.
- iv. Medical Director shall attend staff meetings and participate on various committees as requested by the Chief Administrative Officer or his designee.
- v. Medical Director shall represent the Health Care Unit in discussion with local civic groups or visiting officials of the Illinois Department of Corrections as mutually agreed upon by the parties.
- vi. As requested by the Agency Medical Director, the Chief Administrative Officer, or the Health Care Unit Administrator, Medical Director shall perform evaluations and inspections of conditions in living units, segregation unit, dietary areas and other portions of the facility and review all reports pertaining to sanitation or medical services and make appropriate recommendations.
- vii. In the event of an emergency as determined by the Department of Corrections, the Medical Director shall provide emergency care and referrals to appropriate hospitals and physicians as requested by the Chief Administrative Officer, the Agency's Medical Director, or their designee.

b. TRAINING AND ORIENTATION

i. Orientation of the New Employee

1. Medical Director shall be responsible for ensuring that all new health care personnel are provided with orientation, on-site at the Center regarding medical practices. Orientation concerning other facility operations is the responsibility of the Center.

ii. In-Service Training

1. Medical Director shall direct the development of the Center's continuing medical education curriculum and establish a program providing in-service education.
2. Medical Director shall be responsible for ensuring that staff receives training, as necessary to ensure proper performance of their job duties.

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2.3 MEDICAL CARE:

2.3.1 General. Vendor shall arrange for the provision of medical services to IDOC inmates on-site and off-site as medically indicated, including, but not limited to direct care, dental, medical, hospital, mental health, pharmacy, laboratory, radiology, optical and specialty services. Vendor shall ensure that all medical services are provided in accordance with medically accepted community standards of care, and that complete and accurate medical records are kept for all inmates.

2.3.2 Treatment Plans. Vendor shall ensure that a treatment plan is developed for each inmate who requires on-going care. The treatment plan shall include a written statement, which specifies the particular course of therapy and the roles of medical and non-medical personnel in carrying out the course of therapy. The plan shall be individualized and based on an assessment of the inmate's needs, the short and long term goals, and the methods by which the goals shall be pursued. When clinically indicated, the treatment plan may provide the inmate with access to a range of supportive and rehabilitative services (e.g., individual or group counseling, or self-help groups).

2.3.3 Special Medical Programs. The On-site Medical Director shall develop and implement, subject to the approval of the IDOC Medical Director, special medical programs for inmates who require close medical supervision, including chronic and convalescent care. The plan of treatment shall include directions for health care staff and Center staff regarding their roles in the care and supervision of the inmate. The special medical program shall service a broad range of health problems including, but not limited to, seizure disorders, diabetes, hypertension, HIV, potential suicide, chemical dependency and psychosis, such that:

2.3.3.1 All inmates at the Center who have high blood pressure have a blood pressure recorded at their last visit as within normal limits, or, for those whose pressures are not normal, there is a clear plan to achieve a normal blood pressure.

2.3.3.2 All diabetic inmates at the Center have a hemoglobin A1c level within the accepted range, or a clear plan to achieve a level within the accepted range.

2.3.3.3 All inmates at the Center who have AIDS and who are eligible for PCP prophylaxis receive it.

2.3.3.4 All asthmatic inmates at the Center have their disease labeled on the problem list as mild, moderate, or severe.

2.3.3.5 All seizure-prone inmates at the Center have documentation of seizure activity since their last clinic visit.

2.3.4 Infirmiry Care and Referrals.

2.3.4.1 Infirmiry care shall be available for inmates requiring skilled nursing care, chronic illness care, convalescent care, and those acute and chronic conditions that can be managed on-site. All infirmiry encounters shall be documented in the inmate's medical record in a timely manner. Vendor shall provide the following when applicable:

- a. 24-hour coverage, supervised on-site by a Registered Nurse;
- b. Daily infirmiry rounds by nursing staff;
- c. 24-hour Physician on-call coverage;
- d. Manuals of nursing care procedures;
- e. A separate and complete medical record for each patient;
- f. Infirmiry rounds by a physician at least 3 times per week for acute care patients and at least once per week for chronic care patients.

2.3.4.2 If, in the opinion of the On-site Medical Director, an inmate cannot be properly treated in the immediate area, the On-site Medical Director shall refer the inmate to a community medical facility that can provide the necessary treatment. This facility shall be approved by HFS and IDOC. Medical furloughs shall be scheduled with security prior to services being performed.

EX. AA

Dear Mrs. Renita Glenn,

6/28/06

This is the gentleman Lawrence Coleman ID No. R-01009, and the Counselor Mrs. Hesselton advised me that I could put a letter with my grievance.

First, I would like to make you aware of what has taken place so far in trying to resolve my medical issue. I had submitted a second grievance regarding Medical Treatment where the Medical Director Dr. Partha Ghosh has submitted a response stating that he scheduled the offender for an appointment to see him personally on May 26th 2006, but the offender preferred to go to the yard. Then Mr. Ghosh goes even further to make the offender out to be a nuisance for filing a grievance.

Now, to address the Medical Director's statement as to the offender missing an appointment to go to yard could not be further from the truth. May 26th, 2006, is a Friday and I have an assignment and work five days a week Mon. - Fri. and my yard day is on Saturday (Detail yard). Also, I am in E-House the Cell House yard days are Monday and Wednesday. Plus, E-House was on a Level One Lock down on May 26th, 2006 and the Counselor Mrs. Hesselton has confirmed that we were on lock down, and the offender has never received a sick call pass for May 26th 2006.

At this point, the grievant still has not talked to the Medical Director. So far the grievant has been informed by the Medical Technician Bob and Dr. Tilden who has prescribed

me another Antibiotic on 6/21/66, in which the Med Tech Bob informed me that the Antibiotic probably would not cure the Abscess. In which I knew the Antibiotic wouldn't cure the Abscess because of the numerous Antibiotics I had tried in the past and complained of causing the grievant complications. The grievant is requesting a second opinion from a Outside Hospital, because the Medical Staff here has already confirmed with the Counselor Mrs Hosselet that there is nothing else they can do to treat the grievant. So in the alternative set up an appoint to see the Medical Director.

Ex. AB**Illinois**
Department of
Corrections**Rod R. Blagojevich**
Governor**Roger E. Walker Jr.**
Director

Jail Court / P.O. Box 19277 / Springfield, IL 62794-9277 / Telephone: (217) 522-2666 / TDD: (800) 526-0844

July 14, 2006

man
01069
Correctional Center

man:

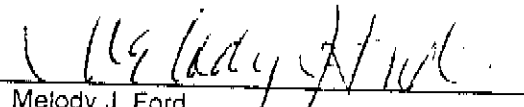
in response to your grievance received on April 20, 2006, regarding medical treatment (alleges medication used problems), which was alleged to have occurred at Stateville Correctional Center. This office has no issue will be addressed without a formal hearing.

Officer's report, 0288, and subsequent recommendation dated March 24, 2006 and approval by the Administrative Officer on March 31, 2006 have been reviewed.


visited the Health Care Unit and was informed that a follow up on your condition was conducted on and your medication was changed.

After a review of all available information, it is the opinion of this office that the issue was appropriately handled by the institutional administration. It is, therefore, recommended the grievance be denied.

FOR THE BOARD:


Melody J. Ford
Administrative Review Board
Office of Inmate Issues

CONCURRED:


Roger E. Walker Jr.
DirectorDeirdre Battaglia, Stateville Correctional Center
Coleman, Register No. R01069